

(Print on Regional Letterhead)

**PRIOR WRITTEN NOTICE OF PROPOSAL OR REFUSAL TO INITIATE OR CHANGE**

☐ Identification

☐ Evaluation

☐ Placement

☐ Service Delivery

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

The Infant Toddler Program plans to take the following action:

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The reason for this action is: \_\_\_\_\_

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The following evaluation, procedure, test, record and/or report was used in deciding whether to take this action:

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Description of options considered and reasons rejected:

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Other factors: \_\_\_\_\_

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A copy of your rights, including procedural safeguards, is enclosed or attached. This information can be provided in your native language. If you have any question, please call:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Sincerely,

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